



Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED AT OFFICE OF
CHATHAM, MA TOWN CLERK

with:
City or Town Clerk or Election Commission

2010 JUN 11 PM 3:01

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month MAY Date 5 Year 2010 Ending Month JUNE Date 11 Year 2010

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

TIMOTHY LEE ROPER

Full Name of Candidate (if applicable)

SELECTMAN - CHATHAM

Office Sought and District

909 Old Green Avenue Room

Residential Address

508-945-4632

Tel. No. (optional)

FRIENDS OF TIM ROPER

Committee Name

BARBARA MITTESON

Name of Committee Treasurer

909 Old Green Avenue Chatham MA 02633

Committee Mailing Address

508-945-4632

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 5098.70

Line 2: Total receipts this period (page 2, line 11) \$ 125.00

Line 3: Subtotal (line 1 plus line 2) \$ 5223.70

Line 4: Total expenditures this period (page 3, line 14) \$ 3227.10

Line 5: Ending balance (line 3 minus line 4) \$ 1996.60

Line 6: Total in-kind contributions this period (page 4) \$ —

Line 7: Total (all) outstanding liabilities (page 4) \$ —

Line 8: Name of bank(s) used CAPE COD 5 - CHATHAM

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Barbara Mitteson

Treasurer's signature (in ink)

6/11/10

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Timothy Roper

Candidate signature (in ink)

June 10, 2010

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/8/10	PETER ACTON PO BOX 836 N. CHATHAM MA	25 00	—
5/8/10	THOMAS N. BROWN PO BOX 483 CHATHAM MA	50 00	—
5/8/10	JUDITH CREWELLYN 283 WAUQUANESIT BREWSTER MA	50 00	—
Line 9: Total receipts in excess of \$50 (or listed above)		125 00	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		125 00	

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/10/10	CAPE COD TIMES	MAINS ST/HYANNIS	ADVERTISING	434	33
5/10/10	SUR SPEDY	ORLEANS MA	PRINTING	1012	73
5/5/10	CAPE COD FIVE	CHATHAM MA	MAINTENANCE FEE	5	00
4/29/10	DELOUXE BUS PROPS		CHECKS-FOTR	36	88
6/10/10	TIMOTHY L. FORER	CHATHAM MA	REIMBURSEMENT	1738	16
Line 12: Expenditures over \$50				3185	22
Line 13: Expenditures \$50 and under*				41	88
Line 14: TOTAL EXPENDITURES				3227	10

Enter on page 1, line 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4-12-10 3-12-10	TIMOTHY L. ROPER	909 old greenwood Clifton, MA	UNPAID	1660.57
5-13-10	TIMOTHY L. ROPER	" " "	REIMBURSEMENT REFRESHMENTS	77.59
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7